

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

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1. File Number U - <u>12166</u>	2. Fiscal Year Covered From: <u>04</u> / <u>01</u> / <u>2004</u> Through: <u>03</u> / <u>31</u> / <u>2005</u>
3. Name and address of person filing. Name <u>JONATHAN L CURTSINGER</u> P.O. Box, Bldg., Room No., if any _____ Street <u>6251 BUFFALO AVE.</u> City <u>VAN NUYS</u> State <u>CA</u> ZIP Code + 4 <u>91401-2498</u>	4. Name, file number, and address of labor organization. Name <u>AMERICAN GUILD OF MOSAIC ARTISTS</u> Labor Organization File Number <u>000-300</u> P.O. Box, Building and Room Number, if any <u>14TH FLOOR</u> Street <u>1430 BROADWAY</u> City <u>NEW YORK</u> State <u>NEW YORK</u> ZIP Code + 4 <u>10018</u>
5. Position in labor organization. <u>MEMBER / REPRESENTATIVE, BOARD OF GOVERNORS</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. _____ 7.b. Amount. _____
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Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Jonathan L. Curtsinger

On

8/15/05
Date

(818) 908-9792

Telephone Number

Name of Person Filing

File Number U-

8. Name and address of Business (including trade name, if any).

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 835 MILFORD ST.

City GLENDAL

State CA ZIP Code + 4 91203-1567

9. Business deals with:

a. Labor Organization

b. Trust

☒ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name LA OPERA

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 135 N. GRAND AVE.

City LOS ANGELES

State CA ZIP Code + 4 90011

SAN DIEGO OPERA SCENE SHOP
1200 3RD AVE. #18
SAN DIEGO, CA 92101

11.a. Nature of such dealing.

FIRE RETARDING COSTUMES AND DROPS.
FIRE RETARDANT CHEMICAL SALES
(#1,694)

11.b. Approximate dollar value of such dealing.

12,584.00

12.a. Nature of interest held or income received.

51% OF CORPORATION STOCK
INHERITED DECEMBER, 2001.

12.b. Amount.

N/A

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant
(including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.